

## TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and \*Privacy  
Statement On Reverse Side

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CLAIMANT'S NAME Alan Trounson			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT CIRM			
POSITION President		CB/ID No.		DIVISION or BUREAU OOP			INDEX NUMBER 3000		
RESIDENCE ADDRESS *				HEADQUARTERS ADDRESS 210 King Street				TELEPHONE NUMBER (415) 396-9105	
CITY [REDACTED]		STATE [REDACTED]		ZIP CODE [REDACTED]		CITY San Francisco		STATE CA ZIP CODE 94107	

(1) NORMAL WORK HOURS

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED

0.510

(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
(5) DATE    TIME				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES			AMOUNT
3/10	08:30 16:30	Burlingame							14.50		0.00		14.50	
4/25	17:30 20:30	SF-Ross									0.00	71.25	71.25	
6/21	08:00	SF-San Diego									0.00	87.06	87.06	
6/22		San Diego			12.40						0.00	72.17	84.57	
6/23	19:00	San Diego-SF					52.00	T			0.00		52.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(13) SUBTOTALS			0.00	0.00	0.00	12.40	0.00	52.00		14.50	0.00	0.00	230.48	309.38
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

\$309.38

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

3/10 Attend ICOC Board Meeting - Burlingame  
 4/25 Business meeting to discuss CIRM collaborative funding programs  
 6/21-23/11 Attend ICOC Board Meeting - San Diego and additional collaborative funding program mtgs.

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE [REDACTED]	DATE 7/21/11	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 21 July 2011
(17) SIGNATURE OF CLAIMANT'S SUPERVISOR [REDACTED]			DATE [REDACTED]